

94a

Reg. Dist. No. 204

For newborn infants give residence of mother

State Maryland County Baltimore City

City or town 1624 Eagle St
(If outside city & town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____ ✓

3. (b) Social S

19 July 7, 1941 19 41 J. W. Smith
(Date rec'd by registrar) Registrar

Address: Chesnut Date signed: 6/47

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 9 1947

BUREAU V.M.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 183

CERTIFICATE OF DEATH

Reg. Diat. No. 06114 203

1. PLACE OF DEATH:

County Rock Hall Pz used
 City or town Rock Hall
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Lewis Ashley

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Rock
 City or town Hall
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Jean Davis Ashley

7. Birth date of deceased (mo., day, yr.) Jan. 76, 1918 6.(c) If alive, give age 22 years

8. AGE: Years 29 Months 5 Days 6 It less than one day _____ hrs. _____ min.

9. Birthplace Rock Hall, Md. (Town, county, and state)10. Usual occupation laborer11. Industry or business Rock Hall, Md.12. Name J. C. Ashley13. Birthplace Rock Hall, Md.14. Maiden name Agatha Brown15. Birthplace Rock Hall, Md.16. Informant J. C. Ashley, Jr. (bro.)Address Rock Hall, Md.

17. Burial Date thereof 7/9/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Wesley ChapelLocation Rock Hall, Maryland18. Funeral director Wm. W. WilliamsAddress Chestnut, Maryland

19. 7/8 19. 47 J. Elwood Buggen
 (Date rec'd by registrar) (year) (signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4, 1947 19 47 at 10 M

21. CERTIFY that death occurred on the date above stated; that I attended deceased from _____ to _____
 and that last saw him _____
 Immediate cause of death _____
 (Include pregnancy within 3 months of death)

Due to Stroke
 Due to Body found
 Other conditions see July 8/47

Major findings of operations none
 Date of op. _____

Autopsy results none
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Accident Date of July 4/47
 Where did injury occur? Rock Hall, Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home
 Means of injury Heart Injured at work? no

23. SIGNATURE Dr. J. C. Ashley M. D. or other _____
 Address Chestnut, Md. Date signed July 8/47

RECEIVED

JUL 12 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 922

CERTIFICATE OF DEATH

06115

Reg. Dist. No. 203

1. PLACE OF DEATH:

County Kent
City or town Rock Hall
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County kent
City or town Rock Hall
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

David Ayres

3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife Annie Taylor Ayres

7. Birth date of deceased (mo., day, yr.) Nov. 23, 1854 6. (c) If alive, give age years

8. AGE: Years 92 Months 7 Days 17 If less than one day hrs. min.

9. Birthplace Kent County, Maryland
(Town, county, and state)

10. Usual occupation retired

11. Industry or business

FATHER 12. Name Lemuel Ayres 13. Birthplace Maryland

MOTHER 14. Maiden name Sarah Ann Lessenbury 15. Birthplace Maryland

16. Informant Mrs. Elmer Wilson (daughter)
Address Rock Hall, Maryland

17. Burial Date thereof July 13, 1947
(Burial, cremation, or removal. Which?) (Month) (day) (year)
Cemetery or crematory Wesley Chapel Cem.
Location Rock Hall, Md.
J. Willis Wells

18. Funeral director J. Willis Wells
Address Chestertown, Maryland

19. July 11, 1947 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1947, at 8:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 8, 1947 to July 10, 1947 and that I last saw him alive on 7-9-47

Immediate cause of death old age
chronic coronary arteriosclerosis

Due to decompensations

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Albert A. Burgard M. D. attest
Rock Hall, Md. Date signed 7/10/47

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 14 1947

BUREAU OF A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

Reg. Dist. No. 06116 200

1. PLACE OF DEATH:

County Kent
 City or town Millington
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? about 1 year
 Hospital, institution, or street address where death occurred:
King's Nursing Home
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent
 City or town Chestertown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Alice Miller Bacon

3. (b) Social Security Number

none

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed
 6.(b) Name of husband or wife Geo. F. Bacon
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) June 13, 1861
 8. AGE: Years 86 Months I Days 0 If less than one day _____ hrs. _____ min.

9. Birthplace Kent County Maryland
 (Town, county, and State)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John Miller

13. Birthplace Maryland

MOTHER 14. Maiden name Araminta Rebecca Taylor

15. Birthplace Kent Co. Md.

16. Informant Mrs. Horace Needles (Daughter)

Address Cannon St. Chestertown, Md.

17. Burial Date thereof July 16, 1947
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Chester Cem.

Location Chestertown, Md.

18. Funeral director J. Willis Wells

Address Chestertown, Md.

19. July 13 19 47 Edward T. Flowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 19 47 at 10²⁰ A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 6 19 47 to July 13 19 47

and that I last saw her alive on July 13 19 47

Immediate cause of death Hypertensive Heart Disease

Due to Hypertension

Due to Arteriosclerosis

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

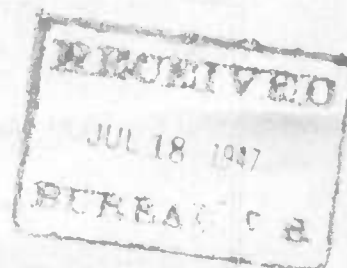
22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. H. Hamilton M. D. as-attest
 Address Millington Md Date signed 7/13/47



Evidence for the chance of

See 103 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

06117

FILM No. G 110 JUL 25 1947

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent
 City or town near * Chestertown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Kent County Alms HouseHow long in hospital or institution? 5 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent
 City or town Rock Hall
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

William (Bill) Bentley

3. (b) Social Security Number

4. Sex male 5. Color or race colored 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife none

7. Birth date of deceased (mo., day, yr.) Easter 1874 ?? 6. (c) If alive, give age _____ years

8. AGE: Years 73 Months ?? Days _____ It less than one day _____ hrs. _____ min.

9. Birthplace Rock Hall, Kent, Md.
 (Town, county, and state)

10. Usual occupation Labourer

11. Industry or business

12. Name Adam Bentley13. Birthplace Maryland14. Maiden name Rachel Banks15. Birthplace Maryland16. Informant Miss. Jennie Hadaway (Employer)Address Rock Hall, Md.17. Burial Date thereof July 19 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sharptown (Col.) CemeteryLocation near - Rock Hall, Maryland18. Funeral director J. Willis WellsAddress Chestertown, Maryland19. Date signed by registrar July 18 1947 Registrar Clara S. Barnes

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17 1947 at 6:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-1 1947 to 7-17 1947
 and that I last saw him alive on 7-17 1947

Immediate cause of death Cerebral hemorrhage DURATION 2 weeks

Due to arteriosclerosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. L. Wells M. D. or other _____Address Chestertown, Md. Date signed 7-17-47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 21 1947
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

06118

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:

County KENTCity or town GALENA
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County KENTCity or town GALENA
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

HARRY ALBERT BOLTON

3. (b) Social Security Number

4. Sex

MALE

5. Color or race

W

6. (a) Single, married, widowed, or divorced

MARRIED

6. (b) Name of husband or wife

Mary M'Kay BoltonDec. 27, 1881

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

65

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Delaware

(Town, county, and state)

10. Usual occupation

Retired Merchant

11. Industry or business

FATHER

12. Name

William Bolton

13. Birthplace

Delaware

MOTHER

14. Maiden name

Amelia Barnes

15. Birthplace

Maryland

16. Informant

Mrs. Mary Bolton

Address

Galena, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

7-30-47

(month) (day) (year)

Cemetery or crematory

Forest Cemetery, Millington, Md.

Location

18. Funeral director

Edward Fellows

Address

Millington, Md.

19.

(Date read by registrar)

19

47Elizabeth D. Mulford

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1947 at 10:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 2 1947 to July 27 1947and that I last saw him alive on July 27 1947

Immediate cause of death

CORONARY OCCLUSION
(2ND EPISODE)

DURATION

12 HRSDue to (FIRST - APRIL 2, 1947)

Due to

Other conditions

GEN ARTERIO SCLEROSIS @ 15 YRS.

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

Thodore F. Paprocki MD

M. D. or other

Address

Galena, MdDate signed 7-29-47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 1 1947
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1790

CERTIFICATE OF DEATH

06119

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Chestertown
City or town Chestertown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 years
Hospital, institution, or street address where death occurred:
Robert St
How long in hospital or institution? 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County West
City or town Chestertown
(If outside city or town limits, write RURAL and give nearest town)
Street No. Robert St
(If rural, give LOCATION)
2(a) If veteran, name war World War I

3. (a) FULL NAME

Maggie Brown

3. (b) Social Security Number

Sex Female Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Elbert Brown

7. Birth date of deceased (mo., day, yr.) 1892 6. (c) If alive, give age 13 years

8. AGE: Years 55 Months 11 Days 13 If less than one day hrs. min.

9. Birthplace West Co. Md
(Town, county, and state)

10. Usual occupation House work

11. Industry or business Robert Brown

12. Name Robert Brown

13. Birthplace West Co. Md

14. Maiden name Caroline Johnson

15. Birthplace West Co. Md

16. Informant Elbert Brown

Address Chestertown Md

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof July 17-1947
(month) (day) (year)

Cemetery or crematory Georgetown

Location Georgetown Md.

18. Funeral director Henry

Address Chestertown Md.

19. Date rec'd by registrar July 16, 1947 Registrar Clara S. Barnes

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15, 1947 at 7:30 AM

21. CERTIFY that death occurred on the date above stated; that attended deceased from Chronic Alcoholism
and that I am a duly licensed physician and surgeon in the State of Maryland.
Immediate cause of death as reported by me DURATION 10 years

Due to Chronic Alcoholism

Due to Drugs so called

Other conditions Caused at

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of July 15, 1947

Where did injury occur? Home
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Drugs Injured at work? None

Signature of physician Robert Brown Date signed July 16, 1947

Address Chestertown Md

MARGIN RESERVED FOR BINDING

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VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 18 1947
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06120

Reg. Dist. No. 201

1. PLACE OF DEATH

County Kent
City or town North Ford Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 year 2 mo
Hospital, institution, or street address where death occurred:

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent
City or town Rural North Ford md
(If outside city or town limits, write RURAL and give nearest town)
Street No. North Ford md
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3.(a) FULL NAME

Walter Brown

3.(b) Social Security Number

4. Sex M 5. Color or race C 6.(a) Single, married, widowed, or divorced Widower
8.(b) Name of husband or wife Mary Brown
7. Birth date of deceased (mo., day, yr.) Sept 1 1872
8. AGE: Years 74 Months 10 Days 12 If less than one day _____ hrs. _____ min.
9. Birthplace Kennedysville md.
(Town, county, and state)
10. Usual occupation Work
11. Industry or business _____

12. Name Walter Brown
13. Birthplace Kent Co md
14. Maiden name Ellen Priddy
15. Birthplace Kent Co md.

16. Informant Jane Miller
Address North Ford md.
17. Burial Date thereof July 16 1947
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Morgans
Location Morgans near Chestersville md

18. Funeral director B.P. O'Connell
Address Still Pond md
19. July 16 19 47
(Date rec'd by registrar) Registrar J. McLaughlin

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 19 47 at 4 P M
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 8 19 47 to July 8 19 47
and that I last saw him alive on July 8 19 47
Immediate cause of death Septicemia
DURATION 1 week
Due to Chronic Infected Prostate
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings of operations Prostatectomy Date of op. 1947
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE Frank M. Smith M. D. or other
Address Chesterfield md Date signed 7/14/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1947
BUREAU C B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 928

CERTIFICATE OF DEATH

06121

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Kent
City or town Rural Chesterville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 48
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Kent
City or town Rural Chesterville
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

William E. Duckery

3. (b) Social Security Number

213-14-7330

4. Sex M 5. Color or race Col. 6.(a) Single, married, widowed, or divorced married

8. (b) Name of husband or wife

8. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 7 1879

8. AGE: Years 18 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
Town, county, and state

10. Usual occupation Farm work

11. Industry or business _____

12. Name Perry H. Duckery

13. Birthplace MD

14. Maiden name Hanna C. Duckery

15. Birthplace MD

16. Informant Harry D. Duckery son

Address Rural Millington MD

17. Burial July 15 1947
(Burial, cremation, or removal. Which?) Date threat. (month) (day) (year)

Cemetery or crematory Chesterville

Location Rural Millington MD

18. Funeral director Edward H. Fowler

Address Millington MD

19. July 15th 19 47 Chas. Fellows
(Date rec'd by registrar) Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12th 19 47 at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 8th 19 47 to July 12th 19 47

and that I last saw him alive on July 12th 19 47

Immediate cause of death Infantile Eclampsia

DURATION 1 hr.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 9 months of death)

Major findings of operations _____

Antopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE G. H. Cofland

M. D. or other _____

Address Millington Date signed July 14th 47

MARGIN RESERVED FOR BINDING

VS A15 9145-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 18 1947
BUREAU OF B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

CERTIFICATE OF DEATH

Reg. Dist. No. 208

1. PLACE OF DEATH:

County Kent
 City or town near - Rock Hall
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Wicomico
 City or town Pittsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

John Dura Hamblin

3. (b) Social Security Number

4. Sex <u>male</u>	5. Color or race <u>white</u>	6. (a) Single, married, widowed, or divorced <u>widowed</u>
6.(b) Name of husband or wife <u>AUSTIN HAMBLIN</u>		
7. Birth date of deceased (mo., day, yr.) <u>Jan. 21, 1865</u>		
8. AGE: Years <u>82</u>	Months <u>5</u>	Days <u>10</u> If less than one day hrs. _____ min. _____
9. Birthplace <u>Wicomico Co. Maryland</u> (Town, county, and state)		
10. Usual occupation <u>farmer</u>		
11. Industry or business _____		
FATHER	12. Name <u>Tingle T. Hamblin</u>	
	13. Birthplace <u>Wicomico Co. Maryland</u>	
MOTHER	14. Maiden name <u>Sallie Margaret Taylor</u>	
	15. Birthplace <u>Maryland</u>	

16. Informant Rev. S. T. Hamblin
 Address Rock Hall, Maryland
 17. Burial Date thereof July 5, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Farlow's Cem.
 Location Pittsville - Wicomico Co. Md.
 18. Funeral director J. Willis Wells
 Address Chestertown, Md.
 19. 7/2 47 S. Elwood Brinson
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1st 1947 at 11:00 M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 29 to July 1st 1947
 and that I last saw him alive on June 29 1947
 Immediate cause of death _____

DURATION
Cerebral Apoplexy 4 hrs
 Due to _____
Arteriosclerosis 1940
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Frank W. Smith M.D. or other _____
 Address Chestertown Date signed July 2/47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 7 1947
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 88a

06123

CERTIFICATE OF DEATH

Reg. Diet. No. 2020

1. PLACE OF DEATH:

County..... Kent
 City or town..... Near Chestnut
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... since June 15, 1947
 Hospital, institution, or street address where death occurred:
 Great Oak Farms. R.H. #2
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County.....
 City or town..... Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 309 N. Gilman St. B
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... ✓

3. (a) FULL NAME

McKinstry Clarence Howard

3. (b) Social Security Number

212-10-9188

4. Sex

M.

5. Color or race

C.

6. (a) Single, married, widowed, or divorced

Married.

6. (b) Name of husband or wife

Bessie Howard

7. Birth date of deceased (mo., day, yr.)

November 2 1903

6. (c) If alive, give age

37 years

8. AGE:

Years

Months

Days

If less than one day

44

8

22

hrs.

min.

8. Birthplace

Summersfield, Florida
(Town, county, and state)

10. Usual occupation

Butler

11. Industry or business

Great Oak Farms

FATHER

12. Name

Horton Howard

13. Birthplace

Summersfield Fla.

MOTHER

14. Maiden name

Unknown Mrs. Dahlberg

15. Birthplace

Summersfield Fla.

16. Informant

Mrs. Bessie Howard. Great Oak Farms

Address

Chesapeake P.O. # 2 Maryland

17.

(Burial, cremation, or removal. Which?)

Burial

Date thereof

July 28, 1947

Cemetery or crematory

Summersfield-Martin Co.-Fla.

Location

Near Ocala, Fla.

18. Funeral director

Marion V. Williams

Address

Chesapeake, Maryland

19.

(Date rec'd by registrar)

19. 47

Clara S. Barnes

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 24

19. 47

at

7:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

7-24

19. 47

to 7-24

19. 47

and that I last saw him alive on 7-24 19. 47

Immediate cause of death

Cerebral hemorrhage

DURATION

2 hours

Due to

arterial hypertension

unknown

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. D. Barnes

M. D. or other

Address

Chesapeake, Md

Date signed 7-25-47

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

REPORT OF DEATH

RECEIVED

JUL 28 1947

BUREAU 3

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

06124

1. PLACE OF DEATH:

County Kent Co
City or town Pross Hall
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? whole life
Hospital, institution, or street address where death occurred: 2
How long in hospital or institution? 1

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Kent Co
City or town Pross Hall
(If outside city or town limits, write RURAL and give nearest town)
Street No. Shapaborn
(If rural, give LOCATION)
2. (a) I1 veteran, name war

3. (a) FULL NAME

Stephen H. Johnson

3. (b) Social Security Number

no

4. Sex Male 5. Color or race Col 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Clara Johnson

7. Birth date of deceased (mo., day, yr.) June 11 - 1879 8. (c) If alive, give age 47 years

8. AGE: Years 68 Months 1 Days 12 It less than one day hrs. min.

9. Birthplace Alabama
(Town, county, and state)

10. Usual occupation Farm Labor

11. Industry or business

12. Name Stephen H. Johnson

13. Birthplace Alabama

14. Maiden name Prison

15. Birthplace Kent Co.

16. Informant Clara Johnson

Address Pross Hall

17. Burial Date thereof July 28 - 47
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or cremation Georgetown

Location Georgetown near Fairlee

18. Funeral director Edgar L. Lane

Address Church Hill Md

19. 7/26 19 47 S. Elwood Burgess
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1947 at 11:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 47 to July 20 1947

and that I last saw him alive on July 20 1947

Immediate cause of death

Cardiovascular Disease

Due to Arteriosclerosis

Other condition Phonocardiogram

(Include pregnancy within 3 months of death)

Major findings of operations

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hand W. Smith

Address Chesapeake Bay Date signed July 23/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 5 1947

BUREAU 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

63b

06125

201

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County.....*Kent*.....City or town.....*Worton Md. Rural*.....
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?.....*24 yrs*.....

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....*Maryland*..... County.....*Kent*.....City or town.....*Chesapeake*.....
(If outside city or town limits, write RURAL and give nearest town)Street No.....*W. R. Rd*.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Viola Jones

3. (b) Social Security Number

4. Sex.....*Female*.....5. Color or race.....*C*.....6.(a) Single, married, widowed, or divorced.....*Married*.....6.(b) Name of husband or wife.....*Howard Jones*.....7. Birth date of deceased (mo., day, yr.).....*known*.....8. AGE: Years.....*approx 61*..... Months..... Days..... If less than one day..... hrs. min.9. Birthplace.....*Georgetown, Kent Co., Md.*.....
(Town, county, and state)10. Usual occupation.....*Housewife*.....

11. Industry or business

12. Name.....*Alexander Clarkson*.....13. Birthplace.....*Georgetown, Md.*.....14. Maiden name.....*Anna E. Pierce*.....15. Birthplace.....*Georgetown, Md.*.....16. Informant.....*Howard Jones*.....Address.....*Worton, Md Rural*.....17. *Burial*..... Date thereof.....*July 21, 1947*.....
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory.....*Georgetown Colored Church Yd.*.....Location.....*near Chester town Maryland*.....18. Funeral director.....*B. B. Galloway*.....Address.....*Still Pond Rd.*.....19. *July 21*..... 19 *47*.....
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....*July 18*..... 19 *47*..... M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *April* 19 *47* to *July 15* 19 *47*and that I last saw him alive on *July 10* 19 *47*Immediate cause of death.....*Thyrotosis*.....

DURATION

Due to.....*5 years*.....Due to.....*hypertension*.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?.....
(City or town) (County) (State)

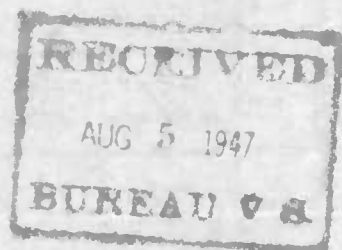
Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE.....*Frank W. Smith*.....

M. D. or other

Address.....*Chesapeake, Md.*..... Date signed.....*July 18/47*.....



06126

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1602

CERTIFICATE OF DEATH

Reg. Dist. No. 2.02

1. PLACE OF DEATH:

County..... Kent
 City or town..... Chestertown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 4 hours 12 min.
 Hospital, institution, or street address where death occurred:
Kent and Queen Anne's
 How long in hospital or institution?..... 4 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... MARYLAND County..... Queen Anne's
 City or town..... Centreville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Baby Boy Nides, Stephen Louis
 4. Sex..... Male 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Single

3. (b) Social Security Number

no

MEDICAL CERTIFICATION

2D. DATE OF DEATH..... July 25 1947 at 5:37 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
July 25 1947 to July 25 1947
 and that I last saw him alive on July 25 1947

Immediate cause of death

Prematurity

DURATION

4 hours 12 min.

Due to..... Placenta praevia
of mother

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....

Al. Dick M. D.
 Address..... Chestertown, Md. Date signed..... 7-25-47

FATHER

12. Name..... Fedon George Nides
 13. Birthplace..... Athens, Greece

MOTHER

14. Maiden name..... Elizabeth May Ennis
 15. Birthplace..... Parsonsburg, Maryland

16. Informant.....

Address.....

17.

(Burial, cremation, or removal. Which?) Date thereof..... July 26, 1947

(month) (day) (year)

Cemetery or crematory..... Chestertown Cem.Location..... Chestertown, Md.

18. Funeral director.....

Address..... J. Willis Wells
Chestertown, Md.

19.

Date rec'd by registrar..... July 26, 1947 Clara S. Barnes

Registrar

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAINTAIN STATE GOVERNMENT OF NEW YORK

STATE OF NEW YORK

RECEIVED
JUL 28 1947
SECRETARY

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06127

1. PLACE OF DEATH

County Kent Registration Dist. No. 2.00
 Village or City Golt and No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

addie P. Peacock If U. S. Veteran, specify WAR _____
 (a) Residence: No. Golt and St. _____ Ward _____
 (Usual place of abode) If nonresident give city or town and State _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5a. If married, widowed, or divorced HUSBAND of <u>Joseph Peacock</u> (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>3/27/1874</u>		
7. AGE Years <u>73</u>	Months _____	Days _____ If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. _____	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Dal
 (State or country)

FATHER
 13. NAME James T. Matthews
 14. BIRTHPLACE (city or town) Dal
 (State or country)

MOTHER
 15. MAIDEN NAME Rachel Ford
 16. BIRTHPLACE (city or town) Indiana
 (State or country)

17. INFORMANT Joseph Peacock
 (Address) Golt and

18. BURIAL, CREMATION, OR REMOVAL
 Place St. Ann's Church Date 7/24/1947

19. UNDERTAKER G. Foster Daniels
 (Address) Rockwood Dal

20. FILED July 23, 1947 Edw. Fellows - Deputy
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 21st 1947
 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from July 20, 1947, to July 21, 1947.
 I last saw her alive on July 20, 1947; death is said to have occurred on the date stated above at 12:30 P.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Apoplexy.

Date of onset

7/20/47

Other Contributory Causes of Importance:

Arteriosclerosis

unknown

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county and State)
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. D. Miller M. D.

(Address) Middletown Del.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

CERTIFICATE OF DEATH

06128

Reg. Diat. No. 2102

1. PLACE OF DEATH:

County Kent
 City or town Chesapeake P.O. #2
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all life
 Hospital, institution, or street address where death occurred:
Near - Fairlee
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Kent
 City or town Chesapeake P.O. #2
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Fairlee
 (If rural, give LOCATION)
 2.(a) If veteran, name war —

3. (a) FULL NAME

Joseph C. Quinn Sr.

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 8. (b) Name of husband or wife Abbie Estelle Soller
 7. Birth date of deceased (mo., day, yr.) February 2, 1868 8. (c) If alive, give age 71 years
 8. AGE: Years 79 Months 5 Days 21 If less than one day — hrs. — min.

8. Birthplace Kent Co. Maryland
 (Town, county, and state)

10. Usual occupation Farming

11. Industry or business Farming

12. Name Michael Quinn

13. Birthplace Ireland

14. Maiden name Julia Connor

15. Birthplace Ireland

16. Informant Mrs. Joseph C. Quinn Sr. (Wife)

Address Chesapeake, Ind.

17. Burial Date thereof July 26, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Chesapeake

Location Chesapeake, Maryland

18. Funeral director Marvin V. Williams

Address Chesapeake, Maryland

19. July 26, 47 Clara S. Barnes
 Date rec'd by registrar Registrar

MEDICAL CERTIFICATION

E.S.T.

20. DATE OF DEATH July 23 19 47 at 5:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that attended deceased from Sept 1944 to July 23 1947

and that I last saw him alive on July 23 1947

Immediate cause of death Myocardial Infarction DURATION 12 hrs

Due to Coronary Sclerosis 7 yrs

Due to Hypertension 3 yrs

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of Injury — Injured at work? —

23. SIGNATURE Frank H. Smith M. D. or other —

Address Chesapeake P.O. Date signed July 25/47

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED
JUL 28 1947
SURFACE

Evidence for the change of
year of birth is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

06129

FILM No. G 11 JUL 23 1947 CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:

County Kent

City or town Millington
(If outside city or town limits, give RURAL and give nearest town)

How long in above place of death? Life
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Md County Kent

City or town Millington
(If outside city or town limits, give RURAL and give nearest town)

Street No. 1st world war
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Charles E. Robinson

3. (b) Social Security Number

212-16-1200

4. Sex

M

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) Oct. 21/1893 1898

8. AGE:

Years

Months

Days

If less than one day

54

hrs.

min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Welder

11. Industry or business

In Peers Garden

12. Name

Charles E. Robinson

13. Birthplace

Bd

14. Maiden name

Laura Wilson

15. Birthplace

Md.
Alfred Robinson, Brother
Millington Md.

16. Informant

Address

Burial
(Burial, cremation, or removal. Which?)

Date thereof July 16, 1947
(month) (day) (year)

Cemetery or crematory

Millington

Location

Millington Md.
Edward Hallow

18. Funeral director

Address

Millington Md.

July 15th
(Date rec'd by registrar)

19 47

Edw. Hallow
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1947 at 12 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1st 1945 to July 13 1947 and that I last saw him alive on July 13 1947

Immediate cause of death

Coronary Embolus

DURATION

1 hour

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

G. L. Capelant
M. D. or other

Address Millington

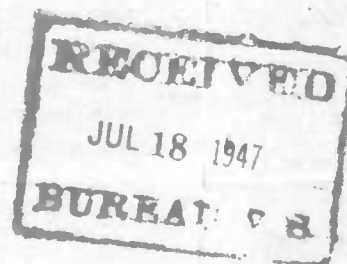
Date signed July 14th

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 123

CERTIFICATE OF DEATH

Reg. Dist. No. 204

06130

1. PLACE OF DEATH

County KentCity or town Surlee
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Surlee
(If outside city or town limits, write RURAL and give nearest town)Street No. Chesapeake R.R. md
(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Harry Martin Starley

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Edith Estelle McKee6. (c) If alive, give age 57 years7. Birth date of deceased (mo., day, yr.) November 24 18638. AGE: Years 83 Months 7 Days 20 If less than one day
hrs. min.9. Birthplace Steelport, Kent. Co.
(Town, county, and state)10. Usual occupation Farmed11. Industry or business Retired12. Name James R. Starley13. Birthplace Kent. Co. md14. Maiden name Margaret Shepherson15. Birthplace Kent Co. md16. Informant Mr. Harry StarleyAddress Chesapeake R.R. md17. Burial Date thereof 2-17-47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Clinton D. U.Location Chesapeake R.F.D.18. Funeral director J. Weiss WeissAddress Chesapeake Md.19. July 15 1947 F. W. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1947 at 8 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1945 to 19and that I last saw live on 19Immediate cause of death Secondary Anemia

DURATION

Due to Chronic Cataplexy 1 yr.Due to Intestinal Nerve 2 yr.Other conditions 2 yr.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Franklin Smith M. D. or otherAddress Chesapeake Date signed 7/14/47

RECEIVED
JUL 17 1947
BUREAU V B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 183

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH: Meert
 County Georgetown and and
 City or town Georgetown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death 1 year
 Hospital, institution, or street address where death occurred:
Room at Georgetown and
road
 How long in hospital or institution? 1 year

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County 1 Unit
 City or town Georgetown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME George Richard Word
 Sex Male Color of face white 6. (a) Single, married, widowed, or divorced Single

3. (b) Social Security Number

6. (b) Name of husband or wife _____
 7. Birth date of deceased (mo., day, yr.) July 14, 1931
 8. AGE: 16 Months 0 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Meert and
 (Town, county, and State)
 10. Usual occupation School
 11. Industry or business School

12. Name George Richard Word
 13. Birthplace Meert and
 14. Maiden name little Stitches
 15. Birthplace Delaware
 16. Informant Charles W. Piser
 Address 22 a level road

17. Burial (Burial, cremation, or removal, Why?) July 19, 1947
 Date thereof (Month) (day) (year)
 Cemetery or crematory Galina
 Location Galina Md.
 18. Funeral director Edward Bellows
 Address Millington Md.
 19. July 19 1947 Elizabeth D. Muehl
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 16 1947 at 7:30 p M
 2I. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____
 and that I saw him _____
 A medical officer of health _____

Due to Acute
poisoning
 Due to _____
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations None
 Date of op. _____
 Autopsy results No
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Accident Date of July 16, 1947
 Where did injury occur? Room at Georgetown and
 (City or town) (State)
 Injured at home, farm, industry, public place (where?) at home
 Means of injury Drugs Injured at work? no
Drugs Drugs Drugs
Drugs Drugs Drugs
 M. D. or other Drugs
 Address Georgetown and Date signed July 19, 1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 21 1947
BUREAU C.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1226

CERTIFICATE OF DEATH

Reg. Dist. No. 0613102

1. PLACE OF DEATH:

County KentCity or town Chestertown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death whole life in Md.

Hospital, institution, or street address where death occurred:

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Chestertown
(If outside city or town limits, write RURAL and give nearest town)Street No. Walter St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Harriette Decourcy Ruth Wraith

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widow6.(b) Name of husband or wife Thomas H. Wraith7. Birth date of deceased (mo., day, yr.) June 15, 18568. AGE: Years 96 Months 0 Days 24 If less than one day hrs. min.9. Birthplace Centerville Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name John Decourcy Ruth13. Birthplace Centerville Md.14. Maiden name John George Wraith15. Birthplace London Kent Co. Md.16. Informant Mrs. Bessie RuthAddress Chestertown Md.17. Burial Date thereof 7/11/47
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory L. H. CemeteryLocation Near - Worton, Kent Co. Md.18. Funeral director Maurice V. WilliamsAddress Chestertown, Maryland19. July 11 18 47 Clara L. Barnes
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 19 47 at 10:10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1944 to July 7 18 47and that I last saw him alive on July 7 18 47Immediate cause of death Calculus DURATION 2 days

Due to

Due to

Other conditions Catheter 4 years

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Francis W. Smith M. D. or otherAddress Chestertown Date signed 7/11/47

RECEIVED
JUL 14 1947
BURRAN V. S.